

01/15/02

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

Only for new nonprovisional applications under 37 CFR 1.3(b)

Attorney Docket No. 218204US2S

First Inventor or Application Identifier Fujihito NUMANO, et al.

Title PORTABLE INFORMATION EQUIPMENT

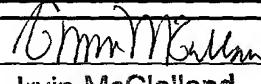
HC971-U.S. Pro
10/04/4946

01/15/02

S. PTO

Assignee Name:
Assignee Address:

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)		ACCOMPANYING APPLICATION PARTS	
2. <input checked="" type="checkbox"/> Specification Total Sheets 29		7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
3. <input checked="" type="checkbox"/> Formal Drawing(s) (35 U.S.C. 113) Total Sheets 9		8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	
4. <input type="checkbox"/> Oath or Declaration Total Pages <ol style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with box 17 completed) <ol style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b) 		9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney 10. <input type="checkbox"/> English Translation Document (if applicable)	
5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations (3)	
6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ol style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification or Sequence Listing on : <ol style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies 		12. <input type="checkbox"/> Preliminary Amendment	
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application no.:		13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard	
Prior application information: Examiner:		14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (1) (if foreign priority is claimed)	
For CONTINUATION OR DIVISIONAL APPS only. The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.		15. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	
18. Amend the specification by inserting before the first line the sentence: <input type="checkbox"/> This application is a <input type="checkbox"/> Continuation <input type="checkbox"/> Division <input type="checkbox"/> Continuation-in-part (CIP) of application Serial No. Filed on		16. <input checked="" type="checkbox"/> Other: Request for Priority, Statement of Relevancy	
19. CORRESPONDENCE ADDRESS			
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Date:	1/15/02		

Docket No. 218204US2S

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Fujihito NUMANO, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: PORTABLE INFORMATION EQUIPMENT

FEES TRANSMITTAL

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	16 - 20 =	0	× \$18 =	\$0.00
INDEPENDENT CLAIMS	4 - 3 =	1	× \$84 =	\$84.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$280 =	\$0.00
<input checked="" type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$130.00
				BASIC FEE \$740.00
				TOTAL OF ABOVE CALCULATIONS \$954.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
				TOTAL \$954.00

Please charge Deposit Account No. 15-0030 in the amount of A duplicate copy of this sheet is enclosed.
 A check in the amount of \$954.00 to cover the filing fee is enclosed.
 The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030.
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Respectfully Submitted,

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